

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013952

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 40

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u> 0551	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5th</u>	
3. NAME OF DECEASED (Type or print) First <u>GREGORY</u> Middle <u>Kent</u> Last <u>Gold</u>		4. DATE OF DEATH Month <u>4</u> - Day <u>17</u> - Year <u>'59</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/14/56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Aurora, Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eddie Gold</u>		13b. MOTHER'S MAIDEN NAME <u>Gloria Erby</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Eddie Gold</u>		Address <u>Aurora, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>extensive 2nd & 3rd degree burns to</u> <u>approximately 85% of body area</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>9/69</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>40</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Accident - burn - gasoline</u>	
20c. TIME OF INJURY Hour <u>6:15</u> a.m. <u>6:40</u> p.m. Month, Day, Year <u>4-17-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>055</u>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <u>055</u> STATE <u>055</u>	
21. I attended the deceased from <u>4-17-59</u> to <u>4-17-59</u> and last saw her alive on <u>4-17-59</u> Death occurred at <u>10:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Emellum M.D.</u>		22b. ADDRESS <u>2005 Elliott, Aurora</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/19/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Park Cemetery</u>		23d. LOCATION (City, town, or county) <u>Aurora, Mo.</u>	
24. FUNERAL DIRECTOR <u>Dean L. Mann</u>		25. DATE RECD. BY LOCAL REG. <u>4-19-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. H 213

P. O. Address None

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.